



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6122

SERIAL NUMBER 10/672,142	FILING DATE 09/26/2003 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. UTSC:664USC2
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------------

APPLICANTS

David J. Yang, Sugarland, TX;

Chun W. Liu, Sugarland, TX;

Dong-Fang Yu, Houston, TX; E. Edmund Kim, Houston, TX;

**** CONTINUING DATA *******

This application is a CON of 09/599,152 06/21/2000

which is a CIP of 09/587,583 06/02/2000 ABN

which is a CIP of 09/434,313 10/25/1999 PAT 6,692,724

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 89	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	-------------------------	-----------------------	----------------------------

ADDRESS

32425

FULBRIGHT & JAWORSKI L.L.P.

600 CONGRESS AVE.

SUITE 2400

AUSTIN, TX

78701

TITLE

Ethylenedicysteine (EC)-drug conjugates, compositions and methods for tissue specific disease imaging

FILING FEE RECEIVED 483	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------